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To try to produce more capable deaf children through early parental education, eight families participated in a 2-semester program. Parents observed the children, aged 18 months to 3 1/2 years, receiving language stimulation in free play in a nursery and observed individual therapy based on the Tracy Correspondence Course. Non-directive group meetings encouraged parents to find their own solutions to problems. Therapists met with parents to discuss the goals and techniques of therapy; parents administered therapy first to another child and then to their own. Lecture type and fathers only meetings were also held. Evaluation of program success based on staff observations indicated growth and change in all of the children and in many parents. Almost all children were lipreading, using speech meaningfully, and performing better in social and play situations. Parents seemed to be helped in resolving their initial confusion, in getting the problem of having a deaf child into perspective, in recognizing that the child was primarily language handicapped, and in appreciating the job of the therapist. (RP)

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INTERIM REPORT

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October, 1967

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# FOR PRESCHOOL DEAF CHILDREN

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David M. Luterman, D.Ed.

October, 1967

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Emerson College

Boston, Massachusetts

## A PARENT-CENTERED NURSERY PROGRAM FOR PRESCHOOL DEAF CHILDREN

The need for early instruction of the congenitally deaf is generally acknowledged, although formal programs for the child rarely begin before the child is three years old. There are several programs in the United States in which the parents of a very young deaf child are actively enrolled in the program so that they can learn to work effectively at home with their child. The purpose of the present report is to describe in detail a program of parent education within an academic speech and hearing environment. The program was initiated in 1965 as part of the services provided by the Robbins Speech and Hearing Center of Emerson College, Boston, Massachusetts.

### THE PROGRAM

Briefly, the program ran for two academic semesters, with eight families beginning enrollment each semester. During the first semester, the parents attended on a two-mornings-a-week basis. For one of the two mornings, the parents observed their child in the nursery and in the individual tutoring sessions. On the other morning, the parent attended a group discussion class while the child remained in the nursery. There were also evening sessions one night a month for both parents, and a group discussion class one night a month for the fathers. The children were between the ages of eighteen months and three-and-a-half years; all deaf, but otherwise normal as determined by pediatric, audiometric, psychometric, and otological examinations given prior to the families' admission to the program.

## Facilities

The facilities included a spacious (20' x 30') room, fully equipped for nursery school, with a large one-way vision mirror for parents to observe the nursery activities and a microphone-speaker arrangement to enable them to listen. Two small therapy rooms with adjacent observation booths were in close proximity to the nursery, and a large conference room, located elsewhere in the building, was used for the parent group meetings.

## Nursery

The staff of the nursery consisted of a head teacher trained in early childhood education, and two graduate assistants enrolled in a speech pathology and audiology curriculum. The format of the nursery was informal. Language stimulation was performed under natural free play situations while the children were exploring various media. When observing the nursery, the parents, aided by other staff members who were pointing out aspects of the child's behavior and the techniques of natural language stimulation being employed in the nursery, completed an observation form of their own child during a half-hour period.

## Tutoring

Each nursery day, the child was seen for a half-hour individual tutoring lesson, which, in general, followed that of the Tracy Correspondence Course with individual modifications. The tutors utilized materials and techniques that were well within the capabilities and budgets of the parents who were observing the tutoring and completing an observation schedule. After each session, the tutor and parent discussed the session with an emphasis placed on the goals of the session and the techniques employed to modify the child's behavior. At some

point during the semester (approximately two months after the start), the parent administered the therapy while the tutor observed and at the end of the session discussed with the parent the lesson given. In general, the tutors were supportive of the parent and gave constructive criticism gently and somewhat indirectly.

Group Discussion

The technique employed in the weekly group discussion class was generally non-directive, i.e. the parents were encouraged to find their own individual solutions to the problems under discussion. The role of the discussion leader was to set the topic and insure that the discussion centered on the topic; specific parental questions were seldom answered directly by the leader, but would be thrown back to the group for further discussion. No attempt was made to "lecture" to the parents, although factual information was provided to the group when deemed necessary. Some of the topics discussed were: feelings and attitudes, goals, problems of child management, and problems of educational placement.

Evening Meetings

Once a month, both parents attended an evening group meeting. This aspect of the program was reserved for the more formal lectures which followed presentation of two of the Tracy Clinic parent information films. Guest speakers then presented their lectures: an otologist discussed the medical aspects of deafness; a psychologist commented on emotional needs of deaf children; a representative of one of the schools for the deaf outlined the programs available in Massachusetts for deaf children; and a demonstration lesson was taught to a class of eleven- to twelve-year-old deaf children from one of the local schools

for the deaf. The fifth evening meeting was reserved for an evaluation of the program. The parents were provided with literature on deafness which combined with the lecture material to act as the basis for much of the discussion in the morning class.

Once a month, group discussions were held for fathers only. These followed the same format as the morning group discussions, but were generally of longer duration and of a more informal nature.

The nursery, tutoring, group discussions, and evening meetings constituted the basic program. Within this program, the staff and parents evolved techniques which appear to have merit in furthering the goal of increased parental education. These procedures are not a permanent part of the program; they have evolved from the group discussions of the parents and the staff conferences. None of these procedures, as yet, has been subjected to vigorous scientific investigation, but they are under constant review by the staff and parents.

Second Semester

At the completion of the first semester, the parents felt the need for more time to solidify what they had learned, and so they requested that there be an extension of the program. Consequently, a second semester was iniated in which the parent came on a once-a-week basis to teach his own child under the supervision of the therapist. A group discussion was held in the morning on a once-a-month basis at which time the therapist provided the lesson. There were also four monthly evening meetings when the Tracy Parent Attitude Films were shown and discussed. A requirement of the second semester was that the parent also enrolled in an existing child-centered program in the community. This was done to help ease the transition from the parent-education program to

the community facilities, and also to provide the child with more direct professional contact other than the once-a-month sessions available in the program extension.

Working With Another Child

When the parents had begun to administer the therapy, they had started with a child other than their own. Parents had been paired by the staff, and both parents had observed the child in therapy and remained for the conference with the tutor. The parent-therapist had then been gradually introduced into the therapy situation and had taught several lessons to the "other deaf child."

The staff and parents observed that the procedure appeared to yield the following benefits:

1. It encouraged a more objective attitude toward their own child's behavior in that the parents did not know the other child and had to observe him very carefully in order to plan a lesson for him. This helped them realize that they had not really been looking at their own child's behavior very carefully.

2. It increased the parental planning for the lesson. When working at home with their own child, the parents had tended to extemporize since their knowledge of the child was obviously greater.

3. It demonstrated to the parents the individual differences of deaf children.

4. It helped the parents to know one another better and facilitated the forming of a group.

The majority of parents felt that this procedure had considerable merit. Two parents were unenthusiastic about this procedure; while they agreed that

switching children had merit, they felt that they would have learned more if they could have spent more time working with their own children.

Hearing Children in the Nursery

Two hearing children of approximately the same age were placed in the nursery with the eight deaf children. The purpose of this procedure was to help the parent distinguish between behavior that is consistent with normal two-year-olds and behavior that is due to deafness. While there was no difficulty in integrating the hearing children in the nursery (because of the non-verbal nature of two-year-olds), several of the parents felt that there was no value to this procedure. This may be a function of the staff's not focusing the attention of the parents on the hearing children during the parental observation morning. However, as the hearing children have matured and therefore have become increasingly verbal, the contrast between the deaf and hearing children has become more apparent. This had led to a greater realization, on the parents' part, of the degree of language handicap imposed by deafness.

Fathers' Day

A consistent problem brought up by the parents was the difficulty in keeping the father informed as to what was happening to the child. Very often, the fathers resented receiving information "second-hand" from their wives. Consequently, on one morning during the second semester, the nursery met on a Saturday. On this day the fathers (no mothers allowed) brought the children and administered the lessons under supervision of the tutors.

Other-Children Day

Another frequently recurring problem reported by the parents was that they had relatively little time to spend with the siblings of the deaf child. Moreover,

the siblings (particularly the older ones) did not understand the problems of deafness and inadvertently interferred with the deaf child's progress. Consequently, during "other'child day" the parent had no responsibility in the nursery, but instead was "required" to spend the morning with the deaf child's siblings. Those parents with children older than the deaf child were expected to remain in the observation room with them one morning to point out some of the special problems of the deaf child in the nursery and in the individual tutoring. (This procedure was tried during a special summer program and will probably be incorporated in the regular program.)

Word for the Day

On the day the parents observed in the nursery, the nursery assistants were responsible for demonstrating techniques of working on a specific word in a free-play situation. They were not permitted to use any standardized materials, but had to use "homemade" materials. Initially, the words were selected by the nursery staff, but as the parents became more sophisticated, they were made responsible for selecting the words.

To further promote the parents utilization of the child's play activities, the parents assumed (during the summer session) the role of nursery assistants; that is, they spent the morning in the nursery working with all of the children. They planned the day's activities with the nursery teacher prior to their working day and executed the plan under her supervision. It seemed to the staff that teaching the parent to operate in an individual therapy situation was not sufficient to accomplish our goal of teaching parents how to utilize everyday situations for the teaching of their own children. The nursery experience gave them a wider and more natural setting to stimulate language than did individual therapy sessions.

Fees

There was no fee charged for services offered by the program for several reasons. A moderate fee could in no way cover any major costs, and a larger fee that would realistically help to support the program would be discriminatory. The lack of a fee was also regarded by the staff as a technique of the program; its effects were felt in the relationship established between the staff and parents. They attended because they were vitally interested in helping their children, and the staff was there because they wanted to be. The appreciation and enthusiasm were reciprocal. Some parents reported feeling "guilty" for not paying, but it is felt that this guilt can be and is being directed into helping other parents of deaf children and supporting programs for deaf children. A few parents reported that if they had paid a fee they would have demanded more direction and direct answers from the staff, who instead tried to lead them to find the answers for themselves.

Problems

A minor difficulty in a program of this nature is orienting the staff to the parent-centerd nature of the program. Most of the academic training centers orient their therapy courses to the child so that most therapists find it difficult to think in terms of the non-speech-handicapped parent. It is most important to indoctrinate the staff (and the parents) to the idea that it is indeed the parent who is enrolled in the program with the child functioning as the "raw material" for the parents' learning experience. In some instances, the parents did not realize that the therapists were actually doing demonstration lessons for their benefit rather than providing therapy for the children. Consequently, when the parents became enrolled in the outside child-centered program during the second semester and came into contact with therapists working directly

with the child, they became (for a while) disenchanted with the therapists in oure parent-centered program.

One of the most fundamental problems was the middle-class orientation and values of the staff as opposed to the diverse backgrounds of the parents. Because of this, parents from lower socio-economic backgrounds would, at times, be disdainful of some of the ideas discussed, e.g. the Tracy information films depicting the progress of a family with one deaf child and their own home. Parents from a lower socioeconomic background would tend to say, "This is nice, but it doesn't apply to me with my eight children and third-floor apartment." In a similar vein, much of the advice given about child-rearing practices was rejected by these parents. They also found it difficult to identify with the characters in the Tracy Parent Attitude Films. In the words of one parent, "Gee, this is better than 'Peyton Place.'" It is doubtful how much these parents were able to obtain from our overall program. While they tended to be very appreciative of the staff's efforts on their behalf, it was the staff's impression that their behavior was not materially affected by this program.

One danger in this program is that the parents tend to become dependent on the personnel, which is, of course, the antithesis of the goal of the program. The parents themselves receive so much personal attention that child-centered programs suffer in comparison. Parents in the first group became extremely reluctant to leave the program and tended to bring up very minor problems just to maintain the staff interest. It is vitally important that the parents gain the self-confidence to make their own decisions and to move out into other programs where the professionals may be much too busy to give them a great deal of attention and time.

The major difficulty in the entire area of education is the absence of adequate measures. In the present program, the variable under examination is the degree to which these children will be able to develop to their fullest potential within a parent-education program, and this is not readily susceptible to scientific attack. We can document changes in parental attitudes and changes in the behavior of the children, but we cannot really determine if similar changes might not have occured in a child-centered program. Moreover, the potential of the child is difficult, if not impossible, to measure; and, of course, the degree to whcih the child is achieving this potential is not easily ascertained with current measures. A further problem of measurement is determining the extent to which improved parental attitudes are being translated into improved methods of managing the children. Examination of existing literature suggests that no satisfactory tests of the above-mentioned factors are currently in existence.

Evaluation

A program such as this is extremely difficult to evaluate. The ultimate objective of such a program is, of course, to produce more capable deaf children through early parental education. The final evaluation must be deferred until the children are placed in schools. The staff has observed a great deal of growth and change in the children and in many of the parents. Almost all of the children are doing specific lipreading and the majority of them are using speech meaningfully. In addition, they demonstrate an increased capability in social and play situations, and are currently being prepared for the more structured environment of school.

The parents have been very enthusiastic about the program. No parent has left the program, and all reported that they would enroll again if given the opportunity. Based on the observations of the staff and reports of the parents,

there are at least three areas in which the program appears to help all parents:

1. The Initial Confusion

   By the time the parents enter the program, they have generally met a large array of professionals and have generally been given conflicting advice and information, but have not had the psychological time to reflect and absorb the information provided. This program, by providing a consistent point of view and allowing the parents ample opportunity to discuss their conceptions and misconceptions, appears to help the parents resolve a great many of the confusions. Another source of confusion lies in the feelings of guilt, embarrassment, and fear that parents bring to the learning situation. By allowing them to discuss their feelings and helping them to accept them, they are better able to organize their behavior.

2. Getting the Problem into Perspective

   Related to the parental confusion is the feeling of "being overwhelmed" by the extent of the problem. This is translated into a very tense parent who, when viewing her deaf child, tends to see the "deafness" and not the child. By having the opportunity of meeting the other parents and losing the feeling of being of being alone with the problem, and by discussing the problems of having a deaf child, the calm, matter-of-fact attitude of the staff can help the parent begin to relax. This increased parental relaxation then enables the parent to better meet the needs of the deaf child. In the words of the parents, they can "enjoy their children now."

3. Speech vs. Language

One of the fundamental problems that parents have is not recognizing that the deaf child is primarily a language-handicapped child. The very heavy emphasis placed in the program by the staff on the difference between speech and language, and the reciprocal nature of both, helps the parent to become language oriented, and the question, "When will my child begin to talk?" asked without any questions regarding comprehension, begin to disappear.

4. Parental Appreciation of Therapist

A fourth factor common to all parents who participated, is an appreciation of the difficulties and training necessary to become a good therapist. Several of the parents have commented: "It all looked so easy until I tried to do it." Hopefully, the increased appreciation will be transferred into a better working relationship with other professionals.

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ABSTRACT

A nursery program involving parents of preschool deaf children is described. The program involves the very active participation of the parent in the therapeutic process including administering therapy under the therapist's supervision. Some techniques described include: the parent's working with another child; program extension; hearing children in the nursery setting; "Fathers' Day" and evening meetings for fathers; "Other Children's Day"; and "Word for the Week". Several of the problems of the program involve the orientation of the staff and parents to the parent-centered nature of the program; the pervasiveness of the "middle-class" value system; and a dependency of the parents on the program. The major difficulty noted is a lack of adequate measures of the variables under examination. Despite the limitations noted, the program appears to promote a great deal of growth in both parents and children.

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